

For receiving Office use only

# PCT

## FEE CALCULATION SHEET

Annex to the Request

International Application No

Applicant's or agent's  
file reference

118017

Date stamp of the receiving Office

Applicant

Evolution Broadcast Pty Limited et al

### CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE

\$100.00

T

2. SEARCH FEE

\$1200.00

S

International search to be carried out by

(If two or more International Searching Authorities are competent to carry out the international application, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FILING FEE

Basic Fee

Where item (b) and/or (c) of Box No. IX applies, enter Sub-total number of sheets ) 42

Where item (b) and (c) of Box No. IX do not apply, enter Total number of sheets )

i1

first 30 sheets

\$1525.00

i1

i2

16

x

\$16.00

=

\$256.00

i2

number of sheets in  
excess of 30

fee per sheet

i3

additional component (only if sequence listing part and/or tables related  
thereto are filed in computer readable form under Section 801(a)(i),  
or both in that form and on paper, under Section 801(a)(ii):

400

x

fee per sheet

i3

Add amounts entered at i1, i2 and i3 and enter total at I

\$1781.00

I

(Applicants from certain States are entitled to a reduction of 75% of the international  
filing fee. Where the applicant is (or all applicants are) so entitled, the total to be  
entered at I is 25% of the international filing fee.)

4. FEE FOR PRIORITY DOCUMENT (if applicable)

\$50.00

P

5. TOTAL FEES PAYABLE.

\$3131.00

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL

### MODE OF PAYMENT

☐ authorization to charge  
deposit account (see below)

☐ postal money order

☐ cash

☐ coupons

☒ cheque

☐ bank draft

☐ revenue stamps

☐ other (specify):

### AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT (this mode of payment may not be available at all receiving Offices)

☐ Authorization to charge the total fees indicated above.

☐ (This check-box may be marked only if the conditions for deposit  
accounts of the Receiving Office so permit) Authorization to charge any  
deficiency or credit any overpayment in the total fees indicated above.

☐ Authorization to charge fee for priority document.

Receiving Office: RO/

Deposit Account No:

Date:

Name:

Signature: